

Department of Agriculture, Trade and Consumer
Protection

Telecommunications Complaint

To Businesses:

We encourage consumers to use this form when they first contact you with a problem.
Please take this opportunity to promote your business by quickly working out this dispute.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms. _____
(circle one) (first) (middle) (last)

If you are filing this complaint for your business, give business name and address:

Business name: _____

Address: _____ PO Box: _____ Apt. _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: () _____ Work Phone: () _____ ext. _____ or () _____ ext. _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: _____

All business telephone lines affected by complaint: _____

2. What business provided the service or charge your complaint is about?

Name of business: _____

Address: _____ PO Box: _____ Apt. _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Information about your complaint

3. Your complaint is about: (check one or more)

- | | |
|--|---|
| <input type="checkbox"/> Cellular phone service | <input type="checkbox"/> Dial-around service (e.g. 10-10-XXX) |
| <input type="checkbox"/> Long distance telephone service | <input type="checkbox"/> Local phone service |
| <input type="checkbox"/> Internet web page provider | <input type="checkbox"/> Internet service provider |
| <input type="checkbox"/> 900 # (Pay-per-call) | <input type="checkbox"/> Calling card |
| <input type="checkbox"/> Pay telephone service | <input type="checkbox"/> Cable television |
| <input type="checkbox"/> Unsolicited facsimile | <input type="checkbox"/> Cable/satellite TV service |
| <input type="checkbox"/> Other, please explain: _____ | |

4. Which of the following best describes your first contact with the business: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I went to the business |
| <input type="checkbox"/> Business (circle one) phoned/faxed/e-mailed me | <input type="checkbox"/> I telephoned the business |
| <input type="checkbox"/> Business sent me information in the mail | <input type="checkbox"/> I responded to a radio or TV ad |
| <input type="checkbox"/> Away from the business premises | <input type="checkbox"/> I responded to a printed advertisement |

5. When did the **first** contact occur? _____ month: _____ day: _____ year: _____

6. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

7. Were you billed for a service or product you did not order (unauthorized charges)? (circle one) No Yes

8. What product or service did you buy or receive? (please be specific) _____

9. Was it advertised? (circle one) No Yes Date: _____ Where: _____

10. Did you sign a contract? (circle one) No Yes Date: _____ Number on contract, policy, or receipt _____

11. If yes, where were you when you signed the contract (e.g., at home, place of business)? _____

12. Amount you paid: \$ _____ by: (circle one) cash check credit card financed other plan

IMPORTANT: More questions on the back page (over)

13. How were you billed for the service/product? (circle one) credit card telephone bill directly from business

14. Where did you pay the business: (check one)

☐ At my home

☐ Over the telephone by credit card

☐ By mail

☐ At the company's place of business

☐ At a convention or trade show

☐ In someone else's home

15. Did you contact the business about your complaint?

☐ Yes

☐ No

When? _____ What happened?

16. Have you filed this complaint with another agency or your phone company?

☐ Yes

☐ No

Agency name? _____ What happened?

17. Have you contacted a private attorney?

☐ Yes

☐ No

Have you started court action? ☐ Yes ☐ No

18. **Describe your complaint in detail.** Be specific about any oral statements the business made to you, especially those which influenced you to deal with the company. Include the current status of your complaint e.g., "still receiving unauthorized charges," "long distance service has been switched back to original company", "still being billed for unordered/cancelled cable service", etc. Attach additional sheets if necessary.

19. How do you feel your complaint should be resolved? (Please be specific) _____

In order for us to proceed with your complaint, you must send us photocopies of any written contract, mail solicitations, letters and billing which are involved. If you were billed on your telephone or cable bill, include all pages of the bill.

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: _____

Date: _____

Return this form and copies of your papers to our office located nearest to the business:

NORTHWEST REGIONAL OFFICE
3610 Oakwood Hills Pkwy
Eau Claire WI 54701
(715) 839-3848
FAX: (715) 839-1645

SOUTHEAST REGIONAL OFFICE
10930 W Potter Rd Ste C
Milwaukee WI 53226-3450
(414) 266-1231
FAX: (414) 266-1235

NORTHEAST REGIONAL OFFICE
200 N Jefferson St Ste 146A
Green Bay WI 54301
(920) 448-5110
FAX: (920) 448-5118

SOUTHWEST REGIONAL OFFICE
PO Box 8911
Madison WI 53708-8911
(608) 224-4960
FAX: (608) 224-4963

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER
PO Box 8911
Madison WI 53708-8911
(800) 422-7128

FAX: (608) 224-4939

EMAIL: datcpHotline@datcp.state.wi.us
WEBSITE: <http://datcp.state.wi.us/>

TDD: (608) 224-5058